

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

Name of Candidate Committee to Elect Jeffrey Staff GuideAddress 2016 Beauville Blvd Ocean Springs MS 39564Telephone 228-875-1114 Fax 228-875-1043Contact Name Jeffrey Guice Email jettguice@gmail.comOffice Sought STATE REPRESENTATIVE 114 Political Party Republican☐ Check here if above is different from previous reportTYPE OF REPORT

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- 4   January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

     Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1750 + \$ 0	\$ 1750	\$ 1750
Total amount of disbursements	\$ 1170.44 + \$ 1137.14	\$ 2307.58	\$ 2307.58
Total amount of cash on hand		\$ 766.42	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Sto Ellet Jefferys Jeff Givie

Reporting period 1-1-10 through 12-31-10

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Check into Cash		12/20/10	\$ 250.00
Mailing Address			
PO Box 550		__/__/__	\$
City, State, Zip Code			
Cleveland OH TN 37364-0550		__/__/__	\$
Name of Employer (Required)			
		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Georgia Pacific		12/28/10	\$ 250.00
Mailing Address			
PO Box 61270		__/__/__	\$
City, State, Zip Code			
Phoenix AZ 85082-1270		__/__/__	\$
Name of Employer (Required)			
GP		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
Forest Products			
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
		__/__/__	\$
Mailing Address			
		__/__/__	\$
City, State, Zip Code			
		__/__/__	\$
Name of Employer (Required)			
		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
		__/__/__	\$
Mailing Address			
		__/__/__	\$
City, State, Zip Code			
		__/__/__	\$
Name of Employer (Required)			
		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

To Elect Jeffery S. Jeff

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of

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Reporting period

1-1-10

through

12-31-10

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Montgomery Enterprises		9/29/10	\$ 300.00
Mailing Address PO Box 37 Fulton MS 38843		___/___/___	\$
City, State, Zip Code Fulton MS 38843		___/___/___	\$
Name of Employer (Required) Luke Montgomery		___/___/___	\$
Occupation (Required) check cashing		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Churon Steve Renfro		9/22/10	\$ 500.00
Mailing Address PO Box 9034		___/___/___	\$
City, State, Zip Code Concord CA 94524		___/___/___	\$
Name of Employer (Required) Chevron		___/___/___	\$
Occupation (Required) oil		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T MS PAC		9/22/10	\$ 250.00
Mailing Address 175 E Capitol Room 703		___/___/___	\$
City, State, Zip Code Jackson MS 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE - PAC (Rocky Elevations)		10/15/10	\$ 200.00
Mailing Address 116 Cowan Rd Suite A		___/___/___	\$
City, State, Zip Code Gulfport MS 39507-3422		___/___/___	\$
Name of Employer (Required) State Farm		___/___/___	\$
Occupation (Required) Insurance		Aggregate year-to-date	\$

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 Name of Candidate or Committee TO Elect Jeffrey S "Jeff" Guice  
 Reporting period 1-1-10 through 12-31-10

## ITEMIZED DISBURSEMENTS

A. Full name <u>cellular south</u>	Date (Mo., Day, Year) <u>1/13/10</u>	Amount of each disbursement this period \$ <u>159.00</u>
Mailing Address <u>PO Box 519</u>		
City, State, Zip Code <u>Mendville MS 38653</u>	<u>4/29/10</u>	\$ <u>329.00</u>
Purpose of Disbursement (Optional) <u>cellular service + equipment</u>	Aggregate Year-to-date	\$ <u>          </u>
B. Full name <u>cellular south coast</u>	Date (Mo., Day, Year) <u>7/17/10</u>	Amount of each disbursement this period \$ <u>286.00</u>
Mailing Address	<u>11/22/10</u>	\$ <u>186.34</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>970.44</u>
C. Full name <u>ALEC</u>	Date (Mo., Day, Year) <u>1/6/10</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address	<u>  /  /  </u>	\$ <u>          </u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>Dues</u>	Aggregate Year-to-date	\$ <u>          </u>
D. Full name	Date (Mo., Day, Year) <u>  /  /  </u>	Amount of each disbursement this period \$ <u>          </u>
Mailing Address	<u>  /  /  </u>	\$ <u>          </u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>          </u>
E. Full name	Date (Mo., Day, Year) <u>  /  /  </u>	Amount of each disbursement this period \$ <u>          </u>
Mailing Address	<u>  /  /  </u>	\$ <u>          </u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>          </u>
F. Full name	Date (Mo., Day, Year) <u>  /  /  </u>	Amount of each disbursement this period \$ <u>          </u>
Mailing Address	<u>  /  /  </u>	\$ <u>          </u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>          </u>